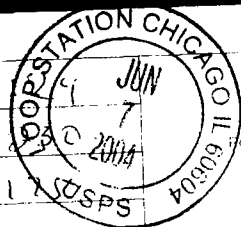


**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0006 1450 5471

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.34



Sent To  
 Street Apt N  
 or PO Box No  
 City, State Zip

McKesson Corporation  
 One Post Street  
 San Francisco, CA 94104-5296

M. Adams  
 SR-61 re: CRS

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this or on the

US EPA RECORDS CENTER REGION 5

1. Article Add



464401

McKesson Corporation  
 One Post Street  
 San Francisco, CA 94104-5296

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

D. Ship 12/1

C. Signature

x: *David [Signature]*

- ☐ Agent  
☐ Addressee  
☐ Yes  
☐ No

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7001 0320 0006 1450 5471

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Phone #1

Fax #

Role\* (choose one from bottom)

Comments

Phone #2

Internet (address)

**\* Available Roles:**

- Executor
- Mortgage Holder
- PRP Attorney
- PRP Contact
- PRP Contractor
- PRP Parent Company
- PRP Subsidiary
- PRP Successor
- PRP Trustee
- Technical Workgroup Contact Person

Enforcement Specialist/Date \_\_\_\_\_

Draft 3/15/2001